



**ZINK HIGH ADVENTURE BASE
APPLICATION FOR EMPLOYMENT
SEASONAL STAFF**
AN EQUAL OPPORTUNITY EMPLOYER

ZINK HIGH ADVENTURE BASE (ZBASE) IS AN EQUAL OPPORTUNITY EMPLOYER. ZBASE DOES NOT DISCRIMINATE IN EMPLOYMENT ON ACCOUNT OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, CITIZENSHIP STATUS, ANCESTRY, AGE, SEX, SEXUAL ORIENTATION, MARITAL STATUS, PHYSICAL DISABILITY, MILITARY STATUS, OR UNFAVORABLE DISCHARGE FROM MILITARY SERVICE.

IN ACCORDANCE WITH ZBASE QUALIFICATIONS AND REQUIREMENTS, I HEREBY SUBSCRIBE TO THE BOY SCOUTS OF AMERICA OATH OR PROMISE, LAW AND THE DECLARATION OF RELIGIOUS PRINCIPLE. I AGREE TO ABIDE BY THE CHARTER, BYLAWS, AND RULES AND REGULATIONS OF THE INDIAN NATIONS COUNCIL (INC) AND ZBASE. ALL STAFF MEMBERS MUST BE A REGISTERED MEMBER OF THE INDIAN NATIONS COUNCIL, BOY SCOUTS OF AMERICA.

NAME (PREFERRED NAME): _____

STREET ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____ PHONE: _____

EMAIL ADDRESS: _____

DESIRED STAFF POSITION: _____

AGE 18 OR OLDER? YES NO AGE 21 OR OLDER? YES NO DESIRED START DATE: _____

HAVE YOU EVER BEEN EMPLOYED BY THE INC? IF SO, WHEN? _____

HOW WERE YOU REFERRED TO ZBASE? _____

IF BY AN INDIVIDUAL AND/ OR ORGANIZATION, PLEASE GIVE THE NAME: _____

LIST ALL SPECIALIZED SKILLS AND TRAINING APPLICABLE TO THE POSITION FOR WHICH YOU ARE APPLYING AND WHY YOU WANT TO WORK AT ZBASE:



EDUCATION

HIGHEST DEGREE: _____

MAJOR: _____

SCHOOL/UNIVERSITY: _____

LOCATION: _____

LICENSES & CERTIFICATIONS

(ATTACH COPIES OF CERTIFICATIONS OR INFORMATION SEPARATELY)

LICENSE OR CERTIFICATE: _____

ISSUE DATE: _____ LICENSE # (IF APPLICABLE): _____

ISSUED BY: _____

ST/ COUNTRY: _____ EXPIRATION DATE: _____

PRIOR WORK EXPERIENCE

INCLUDE ANY EMPLOYMENT PRIOR TO TODAY'S DATE, EVEN IF THAT EMPLOYMENT HAS NOT ENDED. FOR MORE THAN 1 EMPLOYER PLEASE ATTACH ADDITIONAL SHEET WITH INFORMATION ARRANGED IN THE SAME FORMAT.

CURRENT/ LAST EMPLOYER: _____

MAY WE CONTACT YOUR CURRENT EMPLOYER? _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____ PHONE: _____

SUPERVISOR NAME: _____

START DATE: _____ END DATE: _____

ENDING POSITION OR RANK: _____

REASON FOR LEAVING*: _____

*HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN FORM ANY JOB? _____ (Y/N) IF SO, GIVE DETAILS ON A SEPARATE SHEET

REFERENCES

PLEASE GIVE THE NAMES OF THREE PERSONS (NOT RELATED TO YOU) WHOM YOU HAVE KNOWN FOR AT LEAST THREE YEARS

NAME	PHONE OR EMAIL	COMPANY	YEARS ACQUAINTED



PLEASE READ CAREFULLY BEFORE SIGNING:

APPLICANTS ARE SUBJECT TO BACKGROUND INVESTIGATIONS, INCLUDING CRIMINAL BACKGROUND CHECKS. IN COMPLIANCE WITH FEDERAL LAW, ALL PERSONS HIRED WILL BE REQUIRED TO VERIFY THEIR IDENTITY AND ELIGIBILITY TO WORK IN THE UNITED STATES AND TO COMPLETE THE REQUIRED EMPLOYMENT ELIGIBILITY VERIFICATION DOCUMENT FORM UPON HIRE.

I ATTEST WITH MY SIGNATURE BELOW THAT I HAVE GIVEN ZBASE TRUE AND COMPLETE INFORMATION ON THIS APPLICATION. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT. I UNDERSTAND THAT THE RESULTS OF ANY INVESTIGATION MAY BE DISCLOSED TO OTHER EMPLOYEES INVOLVED IN THE HIRING PROCESS AND I CONSENT TO THIS DISSEMINATION OF INFORMATION. I AUTHORIZE THE CONTACT OF REFERENCES PROVIDE FOR E. IF ANY INFORMATION I HAVE PROVIDED IS UNTRUE, I UNDERSTAND THAT THIS WILL CONSTITUTE CAUSE FOR THE DENIAL OF EMPLOYMENT OR IMMEDIATE DISMISSAL. I ALSO UNDERSTAND THAT NEITHER THE COMPLETION OF THIS APPLICATION OR ANY OTHER PART OF MY CONSIDERATION FOR EMPLOYMENT ESTABLISHES ANY OBLIGATION FOR ZBASE TO HIRE ME. IF I AM HIRED, I UNDERSTAND THAT ZBASE CAN TERMINATE MY EMPLOYMENT AT ANY TIME AND FOR ANY REASON, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE. I UNDERSTAND THAT NO REPRESENTATIVE OTHER THAN THE INC CEO HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT CONTRARY TO THE FOREGOING OR MAKE ANY ORAL ASSURANCES OR PROMISE OF CONTINUED EMPLOYMENT.

SIGNED: _____ **DATE:** _____



**INDIAN NATIONS COUNCIL
BACKGROUND INVESTIGATION
DISCLOSURE AND AUTHORIZATION**
FOR USE WITH ZBASE EMPLOYMENT APPLICATION

IN MAKING THIS APPLICATION I UNDERSTAND THAT INVESTIGATIVE REPORTS, WHICH MAY INCLUDE INFORMATION REGARDING ANY CRIMINAL BACKGROUND, MY CREDITWORTHINESS, CREDIT STANDING, CREDIT CAPACITY, CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, OR MODE OF LIVING, MAY BE MADE. I AUTHORIZE THE INDIAN NATIONS COUNCIL TO PROCURE OR CAUSE TO BE PROCURED SUCH REPORTS. SUCH A REPORT MAY BE A "CONSUMER REPORT" OR AN "INVESTIGATIVE CONSUMER REPORT" WITHIN THE MEANING OF THE FAIR CREDIT REPORTING ACT (FCRA), IN WHICH EVENT I AM ENTITLED, UPON MY REQUEST IN WRITING, TO RECEIVE A COMPLETE AND ACCURATE DISCLOSURE OF THE NATURE AND SCOPE OF THE INVESTIGATION REQUESTED BY THE INDIAN NATIONS COUNCIL AND A SUMMARY OF MY RIGHTS UNDER THE FCRA.

I ALSO UNDERSTAND THAT UNDER THE FCRA, BEFORE TAKING ANY ADVERSE EMPLOYMENT ACTION BASED IN WHOLE OR IN PART ON A CONSUMER REPORT OR INVESTIGATIVE CONSUMER REPORT, THE INDIAN NATIONS COUNCIL MUST PROVIDE ME WITH A COPY OF THE REPORT AND A WRITTEN DESCRIPTION OF MY RIGHTS UNDER THE FCRA. IN ADDITION, IF ANY ADVERSE ACTION IS TAKEN AGAINST ME BASED IN WHOLE OR IN PART ON ANY INFORMATION CONTAINED IN A CONSUMER REPORT, THE INDIAN NATIONS COUNCIL MUST GIVE ME A NOTICE. THE NOTICE MAY BE GIVEN IN WRITING, ORALLY, OR BY ELECTRONIC MEANS AND MUST INCLUDE THE FOLLOWING:

- THE NAME, ADDRESS, AND TELEPHONE NUMBER OF THE CONSUMER REPORTING AGENCY (INCLUDING A TOLL-FREE TELEPHONE NUMBER ESTABLISHED BY THE AGENCY, IF IT IS A NATIONWIDE CONSUMER REPORTING AGENCY) THAT PROVIDED THE REPORT.
- A STATEMENT THAT THE CONSUMER REPORTING AGENCY DID NOT MAKE THE ADVERSE DECISION AND IS NOT ABLE TO EXPLAIN WHY THE DECISION WAS MADE.
- A STATEMENT SETTING FORTH MY RIGHT TO OBTAIN A FREE DISCLOSURE OF MY FILE FROM THE CONSUMER REPORTING AGENCY IF I REQUEST THE REPORT WITHIN 60 DAYS.
- A STATEMENT SETTING FORTH MY RIGHT TO DISPUTE DIRECTLY WITH THE CONSUMER REPORTING AGENCY THE ACCURACY OR COMPLETENESS OF ANY INFORMATION PROVIDED BY THE CONSUMER REPORTING AGENCY.

SIGNED _____

PRINTED NAME _____

DATE _____